

How to deal with donations of breast-milk substitutes, other milk products

Acknowledgements: Ali Maclaine – adapted from a number of workshops.
Also Ninik Sri Sukotjo (for slides on affect of donations in Indonesia response; Marie McGrath (ENN / IFE Core Group) Module 1 on IYCF-E and the Harmonized Training Package.

DONATIONS OF INFANT FORMULA AND OTHER MILK PRODUCTS

Do YOU think that they should
ever be accepted?

YES / NO

EVIDENCE AGAINST DONATIONS INCLUDES:

CODE VIOLATIONS

NEW MARKETS?

AMOUNT VERSUS NEED

CASE STUDY INDONESIA

FREE?

Code is applicable
in emergencies!

Common Code violations in emergencies



Violation of Article 9 of the Code: Labels in 'wrong' language



Photos: Ali MacLaine, 2006

Violation of WHA
Resolution 47.5

2006

International Code violations in emergencies

→ The companies who produce BMS →

Emergencies may be seen as a opportunity to open or strengthen a market for infant formula & 'baby foods' or as a public relations exercise



2004, Nestlé Indonesia provided Nestlé products to the earthquake victims in Indonesia.

International Code violations in emergencies

Those involved in the humanitarian response

Often violations of the International Code in emergencies are unintentional but reflect poor awareness of the provisions of the Code




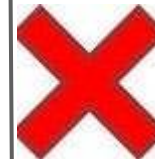


Rotary, Timor Leste 2003

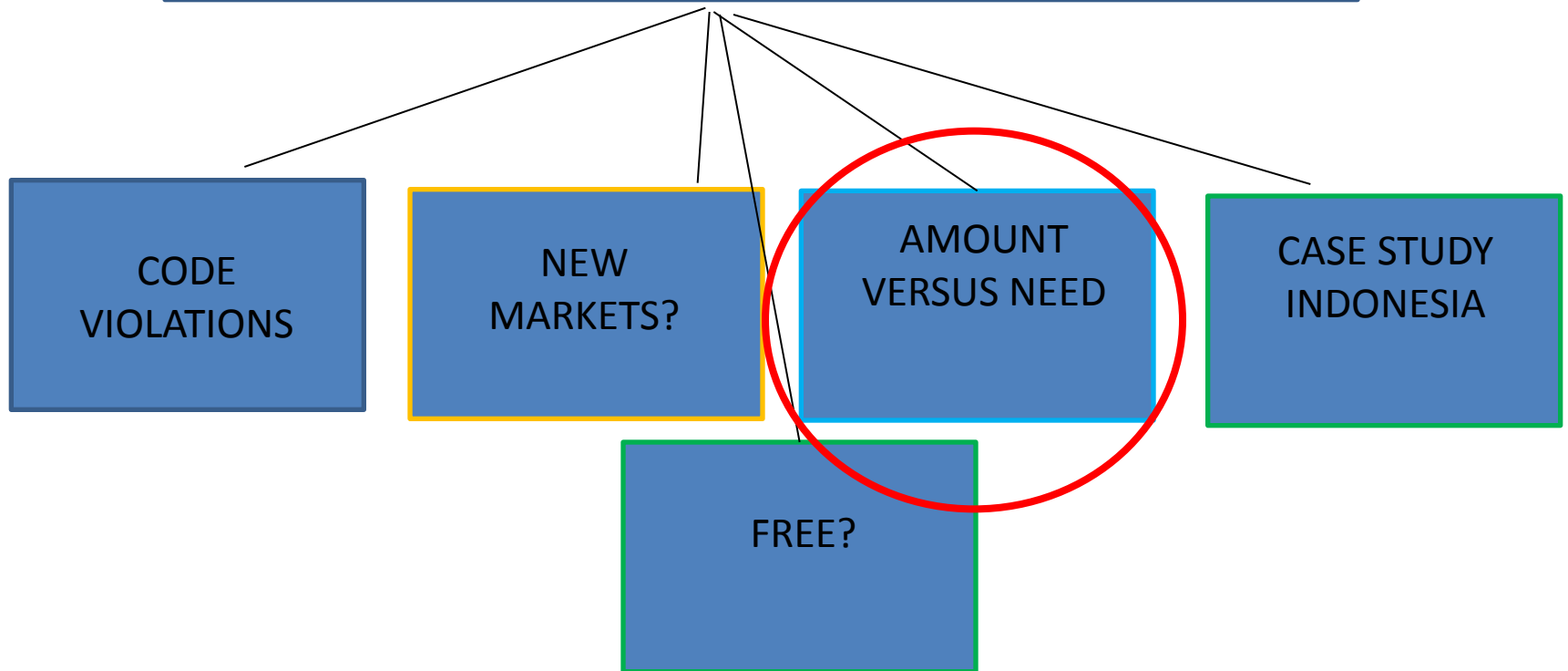
OR by the general public who want to help



Spot the Code violation

| | Violation | Non violation |
|---|---|---|
| 1. A nutrition NGO supplies purchased infant formula on a monthly basis to caregivers of orphaned infants in a 12 month targeted support programme. | |  |
| 2. In a national emergency response, infant formula and milk powder was included in 'baby parcels' in the general distribution. |  | |
| 3. An NGO distributed donated infant formula through a health clinic to artificially fed infants first assessed by an experienced health worker. |  | |
| 4. In Java, during the Indonesia tsunami response, a foreign government donated 1 MT of infant formula, labelled in English, to the Ministry of Health. |  | |

EVIDENCE AGAINST DONATIONS INCLUDES:



AMOUNT – TOO LARGE (or too small)

Balkan crisis 1999:

26 MT of infant formula was being stored by WFP and

32MT of unspecified baby food (including infant formula)

6,000 baby bottles and 80,400 teats were being stored by UNHCR

(to prevent their distribution).



EVIDENCE AGAINST DONATIONS INCLUDES:

CODE VIOLATIONS

NEW MARKETS?

AMOUNT VERSUS NEED

CASE STUDY INDONESIA

FREE?

Earthquake Yogyakarta & C Java, Indonesia

- 27th May 2006 at 06:00 am
- 5.9 Richter Scale
- 7,700 deaths
- 36,000 injured
- 135,000 houses damaged
- 1.5 M people homeless



***Area that is relatively well-off
in terms of economic and H &
N Indicators***

Widespread donations & distribution of Infant Formula & milk products



- At
- Homes
 - Health centres
 - Distribution points

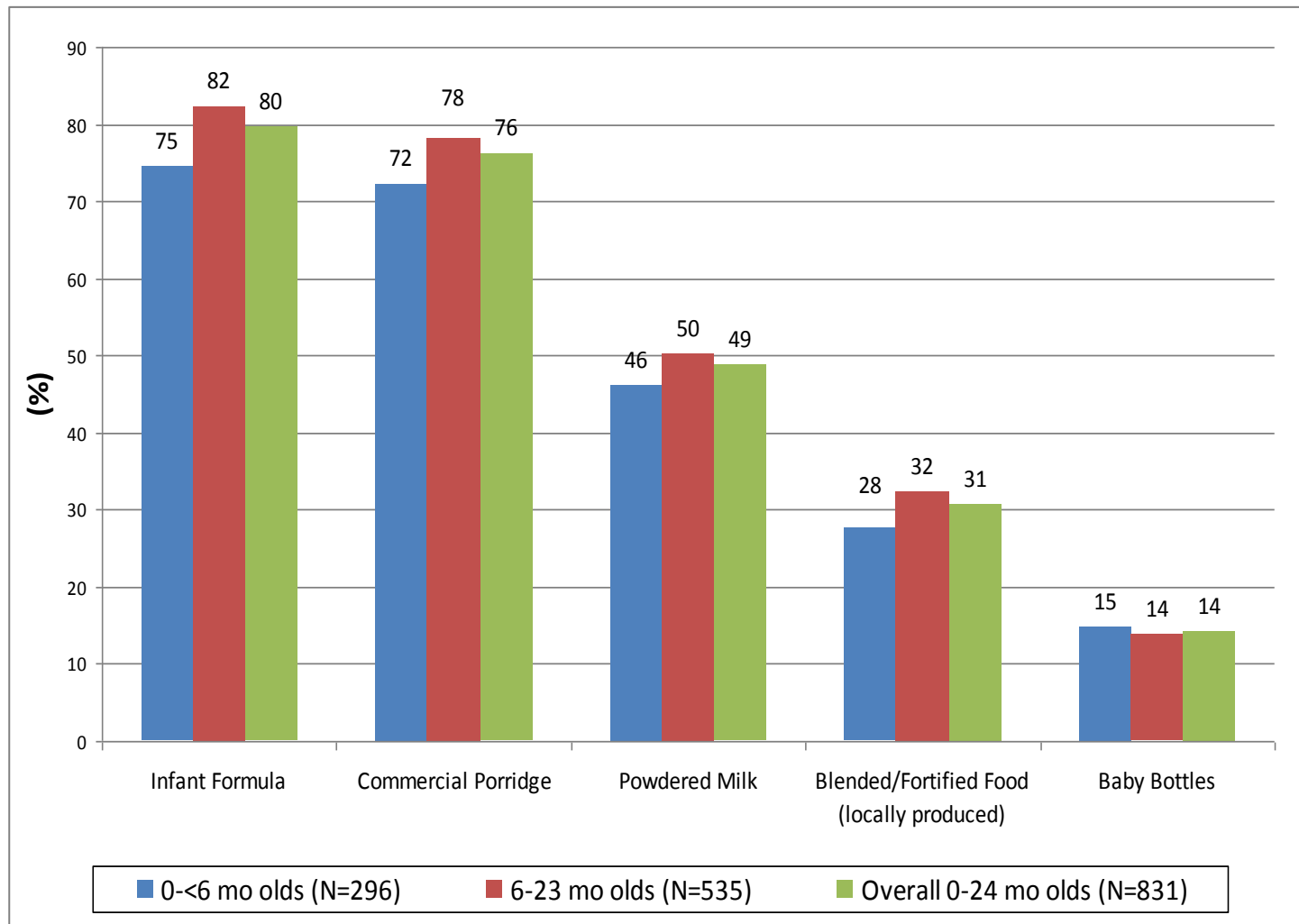


Formula provided as part of public health services daily / monthly

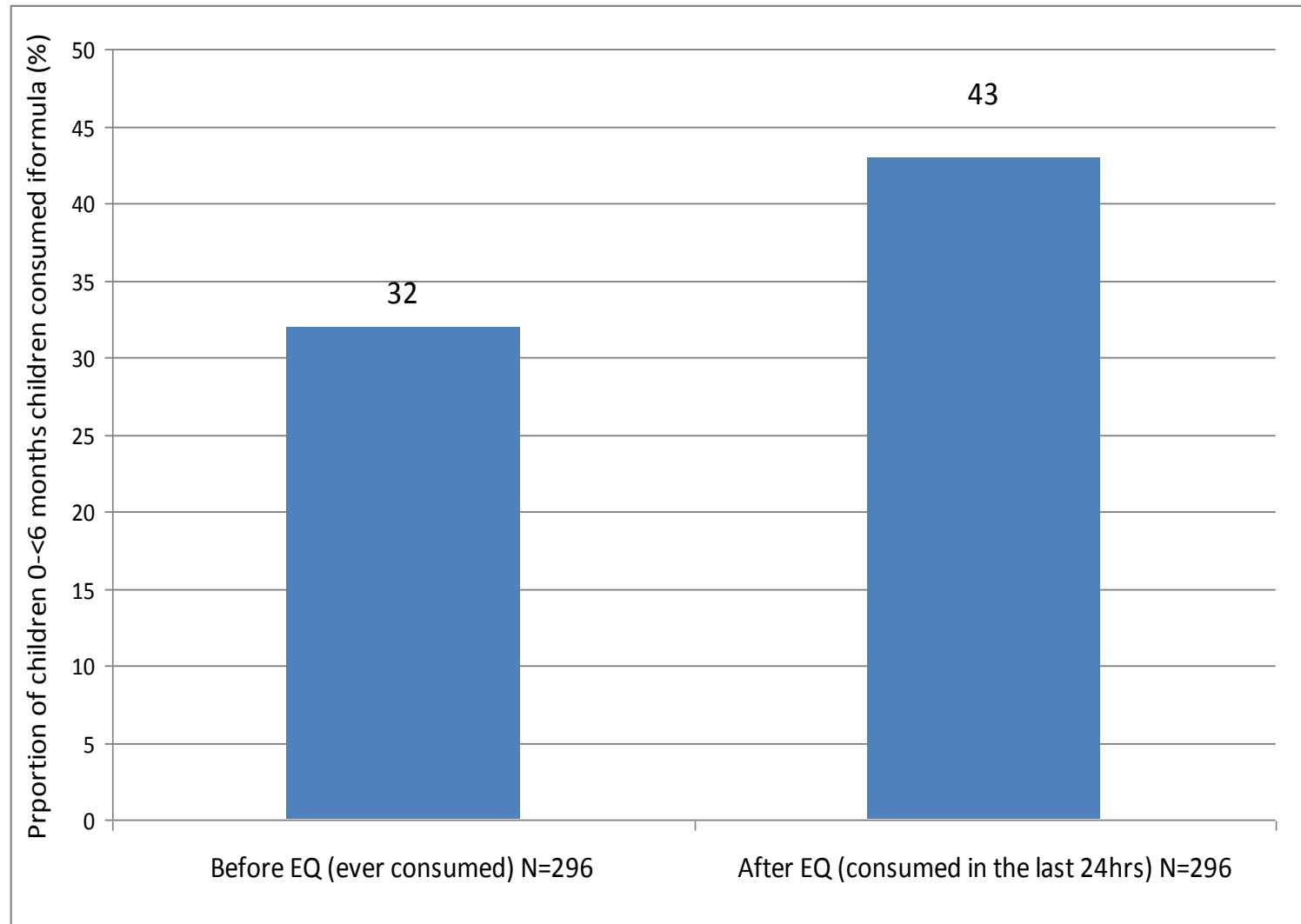


Provided as part of general ration

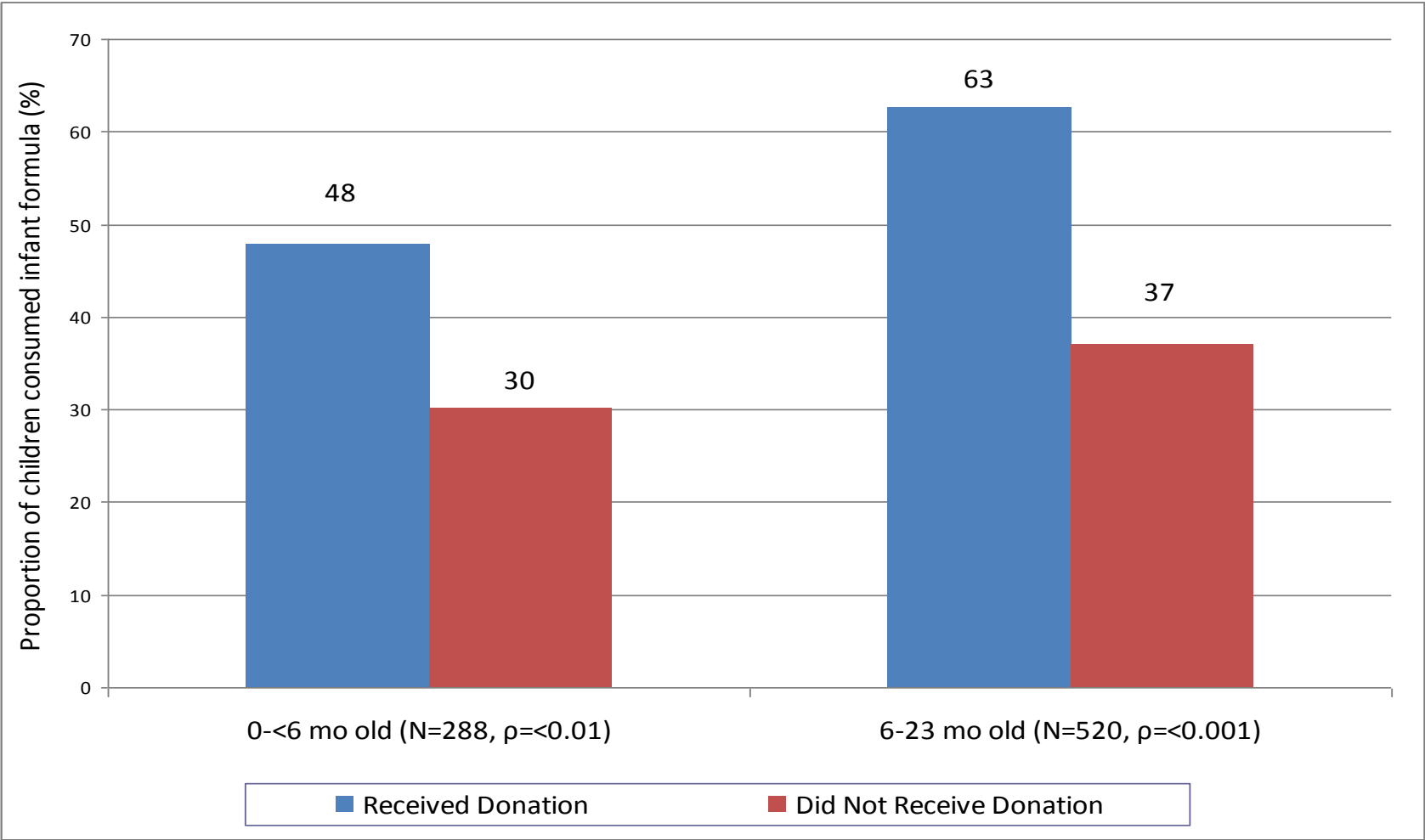
Assistance Received by Households with Infants and Young Children (n=831)



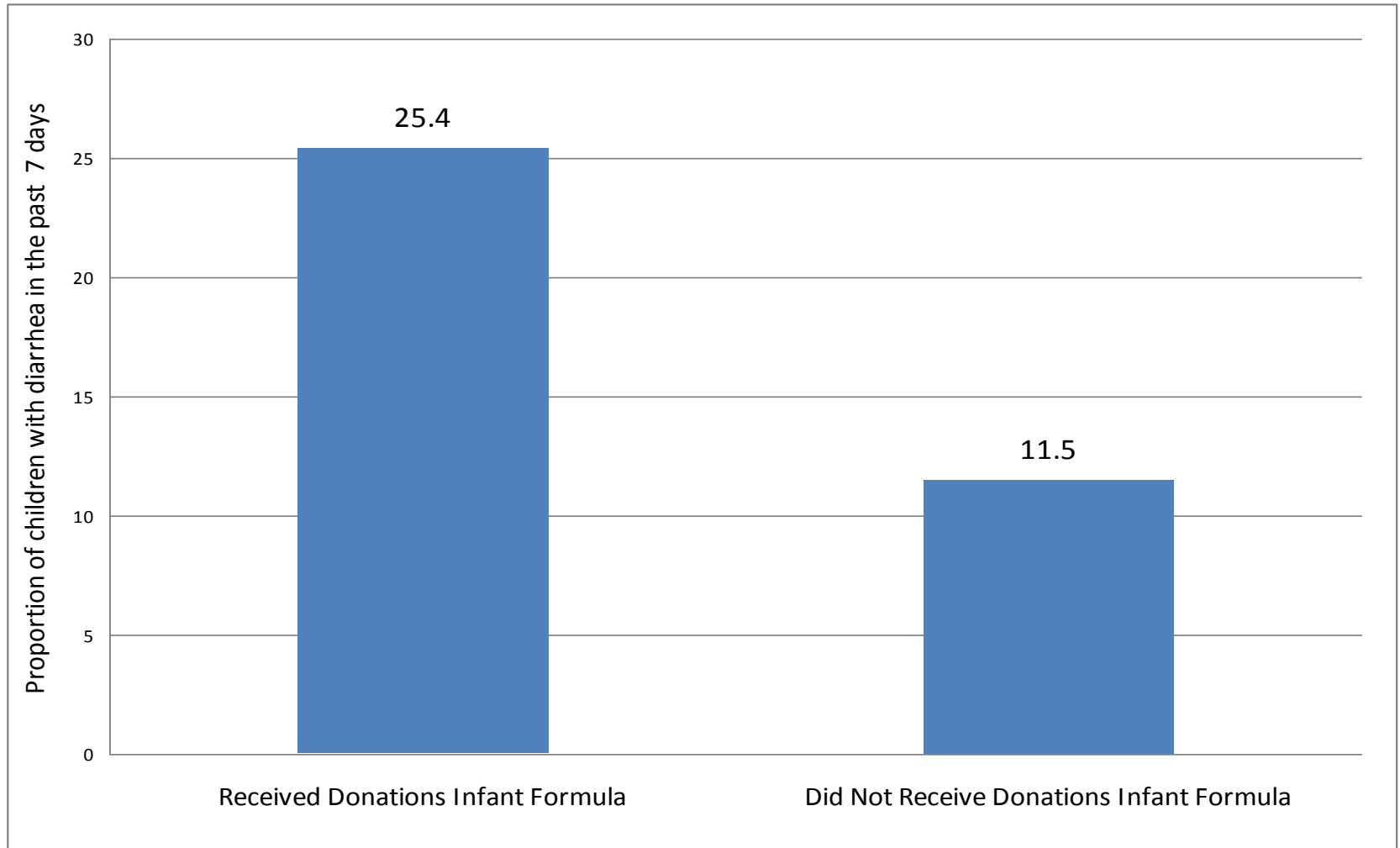
Consumption of BMS by infants under six months before and after the earthquake



Donations of BMS and current consumption in children under 2 years of age



Relation between prevalence of diarrhoea and receipt of infant formula



EVIDENCE AGAINST DONATIONS INCLUDES:

CODE VIOLATIONS

NEW MARKETS?

HUGE AMOUNT VERSUS NEED

CASE STUDY INDONESIA

FREE?

'FREE' donations are not FREE!

- Resource implications
- Capacity implications
- Relationship implications
- Monetary implications

Resource implications

- Transport
- Need to quality control the donations
 - Quality / expiry date
 - Destroying expired milk e.g. Macedonia estimated at \$500,000
- Storage
- Re-labelling – Language / Code
 - Kosovo 1999
 - Donated UHT milk
 - Worried used as BMS
 - New label stating not BMS and benefits of breastfeeding
 - cost 50,000 cartons about \$5,000 per week not including labour.

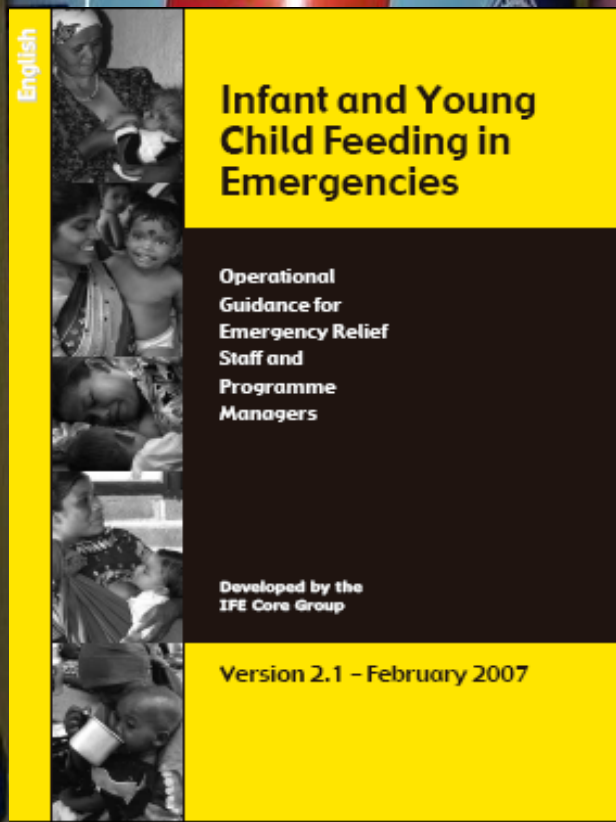
Capacity implications:

Govt of Georgia, USAID, U.N. and NGO partners report...

..that **low-priority** commodities, such as **baby bottles, baby formula**...could present logistical difficulties by **straining the capacity of NGOs to deliver appropriate assistance to individuals in need.** (2008)

Relationship implications:

Don't want to upset donor country / agency

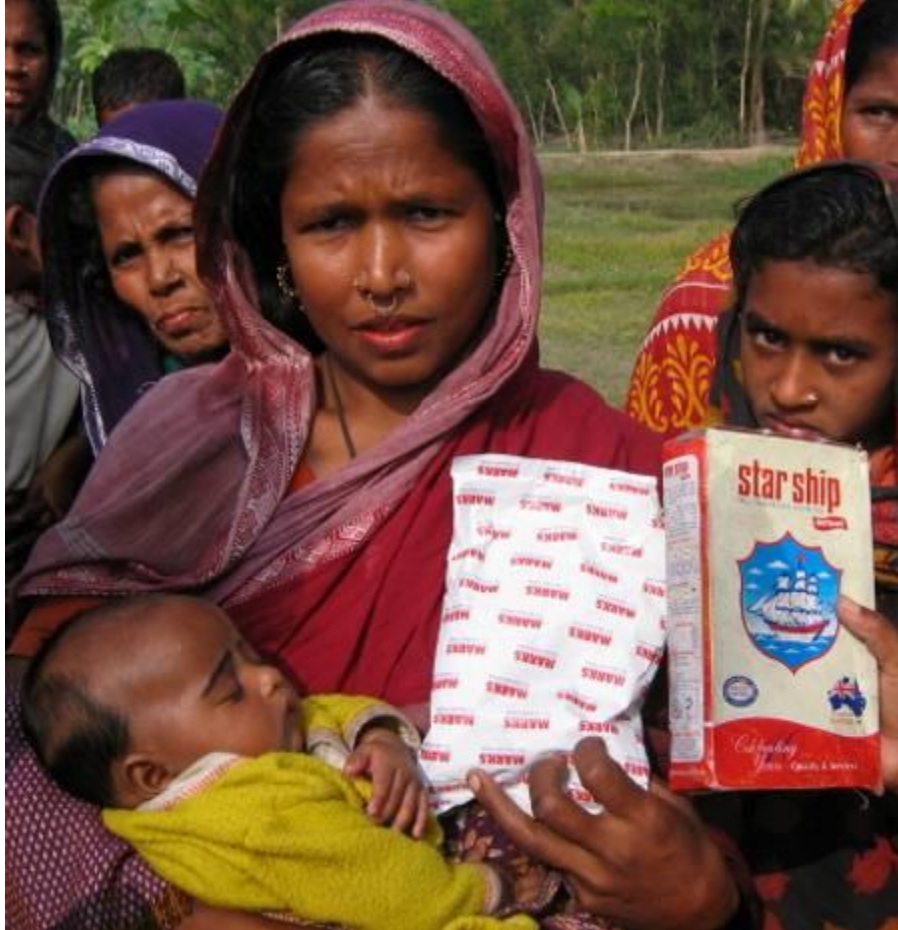


THEREFORE:

Do not seek or accept donations of BMS or bottles / teats

3 outstanding questions:

1)



Bangladesh, 2007
Photo: Ali Maclaine

What about donations of milk / milk products intended for older infants/adults?

Variety:

Dried/liquid whole, semi-skimmed or skimmed milk, soya milks, evaporated or condensed milk, fermented milk or yogurt or milk derivatives e.g. Creamers.

People may not give BMS BUT may give this:

- Government may request it
- Public donate,
- Medical professionals request/donate
- Countries
- Companies
- Etc

Why do they donate it?

- Milk seen as necessary for older infants and children
- Is INTENDED for older infants / adults – what is the problem?
- Think that people are used to it / know how to use it
- Create a market
- Get rid of stock...

Issue:

Milk is a nutritious food, a source of energy, good quality protein and calcium that can make a valuable contribution to a young child's diet

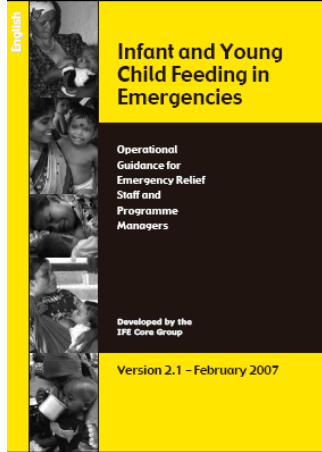
Main problem:

- **Risk of use as a BMS**
- It is available.....all 'milk'
- Cannot be presumed that mothers know what to feed their infants, even if written warnings mothers may be illiterate.
- Inappropriate images on the product can override the value of any written label advice e.g. Laos coffee creamer used as BMS
- Contamination
- Product Quality
- Inappropriate language
- Etc



Sphere 2011:

- **Milk:** There should be no untargeted distribution of free or subsidised infant formula, milk powder, liquid milk or milk products as a single commodity (this includes milk intended for mixing with tea) in a general food distribution or a take-home supplementary feeding programme as their indiscriminate use may cause serious health hazards. Any interventions involving milk should be in accordance with the Operational Guidance on IFE, the International Code of Marketing of BMS and subsequent relevant WHA resolutions



Operational Guidance on IYCF-E

- Says to **no donations of BMS and other milk products.**

BUT perhaps should be clearer in terms of 'milk products' in some text?

Ops Guidance on IYCF-E endorsed by WHA Resolution 63.23, 2010

- ✓ Also *UNHCR guidance on handling milk and milk*
- products in refugee settings
- ✓ Agency 'milk policies'.

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FREE?

Global guidelines on operating in emergencies

Reality During Emergencies...



Widespread donations of BMS, bottles, etc

Arrive HOURS after disaster

- Because of appeals
 - By the media
 - By NGOs in the media
- Call by national governments
- 'Gift' by other governments to 'help'

- Provided by military e.g. Afghanistan, 2008
Coalition forces, Afghan National Army and Police units, provided and distributed infant formula with other items.

Villagers are learning to trust the coalition forces to “provide for their needs.”



**Ends up with agencies with no experience
/ don't know risks or guidance.**



Maaike Arts, UNICEF Pakistan

Bela Nur Shah camp,
Muzaffarabad,
Pakistan

- EVEN GIVEN TO BREASTFEEDING MOTHERS!



Sri Lanka post-tsunami.

Distribution of milk powder that the organisation had been given in 'big quantities'

What do you do during an emergency?

Key questions:

- How much is arriving?
- Who is bringing it?
- Is it 'fulfilling a need' that needs to be addressed?
- How do you stop it entering the emergency area?
- Where is it being used? By whom?
- How do you monitor it?
- What do you do with it once it has arrived?

STOPPING IT ARRIVE:

Strategies:

- Early joint statement and 'simple statement' - disseminated
 - Media – general public and others
 - Inform partners – cluster system
 - Inform all sectors in organisation & clusters
- That it is NOT needed, the dangers, AND what IS being done to provide support

What can be donated instead of BMS?

- *Make sure media reports highlight this*

- People that donate **need to know what they CAN give** instead of BMS, milk powder, bottles teats

E.g.

- Other foods e.g. animal source foods such as tinned fish or meat
- Other products e.g. Clothes, toiletries for children, baby blankets,
- Water,
- Nappies

Role of the Logistics Cluster

Logistics Cluster Myanmar Cyclone Nargis

'The logistics Cluster will not accept milk powder or infant formula into its warehouses or deliver it as cargo with its assets (trucks, boats, planes & helicopters) if it is not part of Nutrition Cluster approved supplementary feeding programmes. This is in line with international policy as agreed among WHO, UNICEF, UNHCR and major NGOs'

Also in Philippines and Haiti – need to follow-up

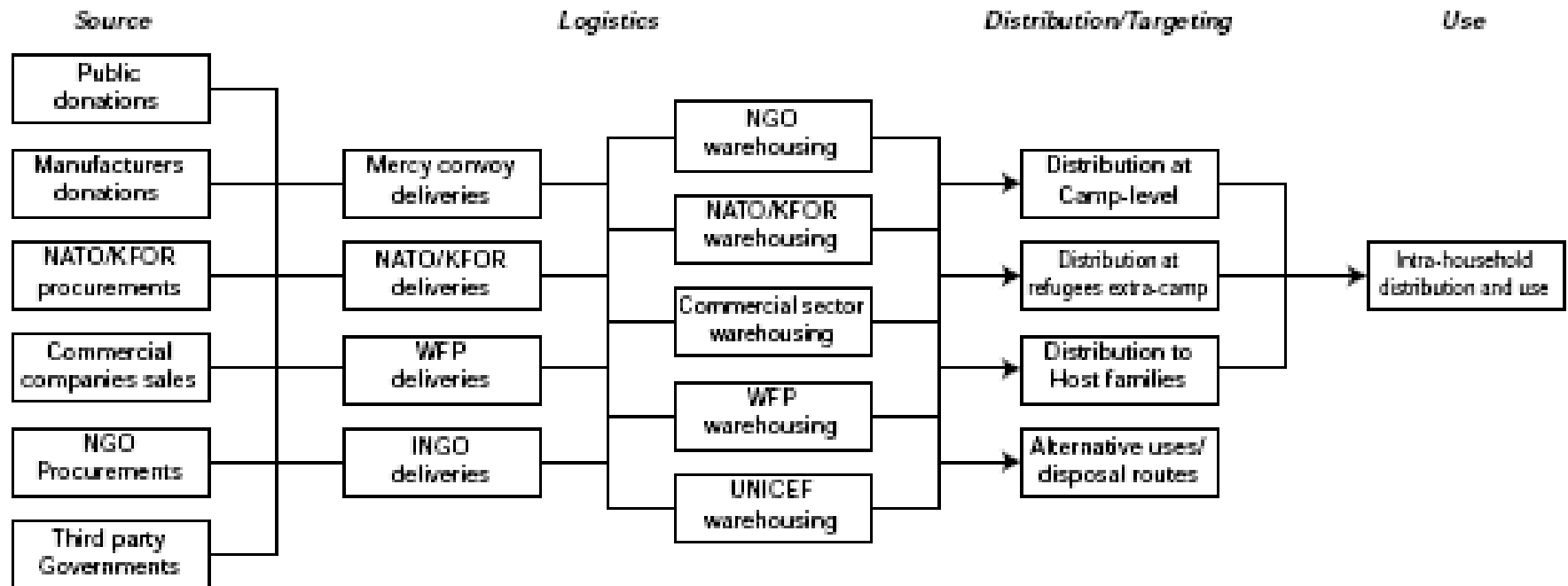
OFDA

- Supported confiscation of unsolicited BMS distributions at the airport in first month
- It's logistics staff at port and airport to help with humanitarian aid

- BUT mainly came from over the border?
- Limited time frame
- What happened to the confiscated supplies?

Stopping it at source...

Figure 2: Infant feeding commodity flows in FYR Macedonia

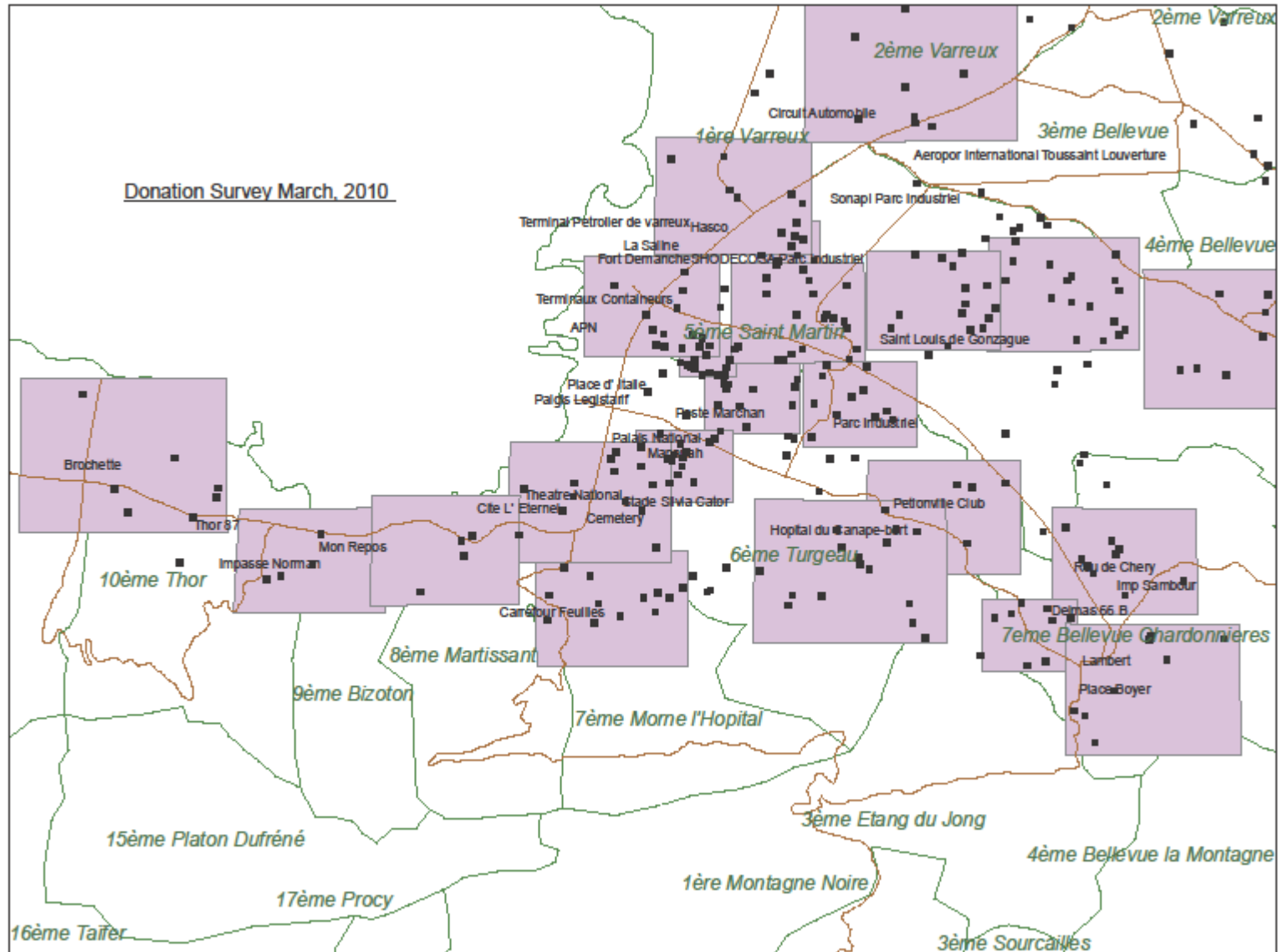


- Donations arriving by road

What is the scale of the problem?

- Mapping
 - How much is coming in?
 - What is coming in?
 - If possible, by whom?
 - Use as way to inform, also to collect BMS, milk products, etc..

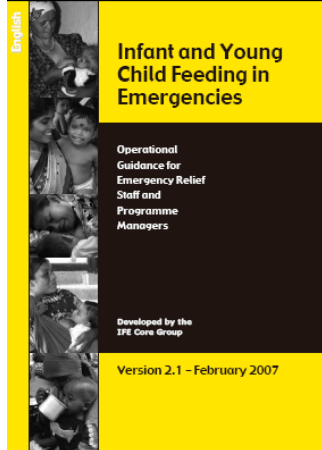
Haiti Mapping Exercise..



What do you do with the BMS and other milk products that have arrived?

Any well-meant but ill-advised donations of BMS, bottles and teats should be placed under the control of a single designated agency.

- ORGANISATIONAL / LOGISITICAL CHALLENGE



What next?

- Destroy?
- Guidelines for Safe Disposal of Unwanted Pharmaceuticals in and after Emergencies, (WHO, 1999)
- Use them?

**Tackling donations during an
emergency**

**- takes time away from
improving the quality of
programming**

Pre-emergency:

Philippines: Administrative order 2007 – 0017. Guidelines on the Acceptance and Processing of Foreign and local Donations During Emergency and Disaster Situations

‘Infant formula BMS, feeding bottles, artificial nipples and teats shall not be items for donation. No acceptance of donations shall be issued for any of the enumerated items’

- Distributed: Media / Disaster pre system / donor conferences / IYCF trainings / **foreign embassies in country**

Super Storm Ondoy, 2009

- Donations of BMS and milk products arrived in Philippines

MOH v 'Emergency Response
Department'

KEY POINTS

- There are many reasons why donations of BMS, other milk products, bottles & teats should not be accepted / solicited
- Operational Guidance on IYCF-E & Sphere says that they should not be allowed
- Stopping them during emergencies requires support of others especially comms, logistics..
- Managing them when they do arrive is challenging
- Agreeing in country pre-emergency how to stop and manage donations is key - legislation also key.

Additional slides if needed

Infant Feeding in Emergencies WHA Resolution 47.5 (1994)

Urges Member States:



“to exercise extreme caution when planning, implementing or supporting *emergency relief operations*, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the International Code be given only if all the following conditions apply:

Conditions:

- a) **infants have to be fed on BMS**
- b) **the supply is continued for as long as the infants concerned need it;**
- c) **the supply is not used as a sales inducement**

ALSO that there should not be donations of free or subsidised supplies of BMS and other products covered by the Code in any part of the health care system.

So according to the Code you can take donated formula IF the formula is targeted and supply is continued for as long as the infants concerned need it....

- Feasible?
- Logistics?
- How do you ensure donation continues?

Practical implication:

- How distribute if not part of 'healthcare system' (direct or indirectly providing healthcare for mothers, infants and children, NGOs, private, etc)
- Have to set up separate distribution outside healthcare system.
- Purchased formula can be distributed within the healthcare system

SO...IFE CORE GROUP CONCLUDED

- Code is 'minimum requirement'
- Have learnt a lot in 15 years since 1994 'emergency' resolution
- Can't control donations – they control you
- Donations undermine breastfeeding and all hard work on IYCF
- Hidden costs of donations mean they are not 'free' but expensive
- Needs to be clear guidance in emergencies that are already confusing times for agencies.
- +++++

Operational Guidance on IYCF-E says NOT to accept donations at all in emergencies.

NOTE THAT IN 2010 WHA RESOLUTION 63.23 ENDORSED THE OPERATIONAL GUIDANCE ON IYCF-E THIS SUPERSEDES WHA 47.5.

Reality of emergencies...

Sri Lanka, 2004 Post-Tsunami. Statement from Sri Lankan MOH:

“Although Sri Lanka is a country with a high exclusive breastfeeding rate, there was a myth among mothers about the inability to produce enough breast milk when under stress. A major problem was the distribution of infant formula and feeding bottles by donors and NGOs without the appropriate controls to breastfeeding mothers. Donors acted emotionally without any scientific basis, disregarding the dangers of artificial feeding in disasters. Additionally the mass media was very keen on feeding babies so made a public appeal to supply artificial milk and feeding bottles. The MOH faced many challenges to ensure that breastfeeding mothers continued to do so and did not swap to unsustainable and potentially dangerous infant formula.”